



Provider Enrollment Facility/Agency/Organization (FAO) Revalidation of Enrollment Information

“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

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Revalidation Overview

- All providers are required to revalidate their Medicaid enrollment information a minimum of once every five years, or more often if requested by MDHHS.
- This presentation will cover the provider enrollment steps that are required during revalidation, additional provider enrollment steps may need to be updated or reviewed by providers but are listed as optional and are not covered in this presentation.
 - For complete FAO enrollment instruction: www.Michigan.gov/MedicaidProviders >> Provider Enrollment >> Step-by-Step CHAMPS Enrollment Guides >> Facility/Agency/Organization (FAO)>> [CHAMPS Enrollment Application: FAO User Guide](#)
- Providers should review information within each enrollment step to ensure it's up to date and accurate.
- When providers update their enrollment information a new record is created for Provider Enrollment to review. Providers can change the updated information through the new record until the enrollment is submitted to the State for review.

Provider Enrollment Revalidation Process

- Providers have a 90-day period to complete their revalidation in CHAMPS.
 - 90 days prior to the beginning of the revalidation period, providers receive a letter mailed to their CHAMPS correspondence address located within the Provider Enrollment information.
 - 30 days prior to the revalidation period end date a second letter is mailed if the revalidation has not been completed.
 - If the revalidation has not been completed by the end of the last day of the revalidation period, a termination letter will be generated.
 - For example: 2/24/20 is the revalidation cycle end date, the termination letter will be generated the night of 2/24/20.

If revalidation is not completed during the revalidation period, the provider will have their enrollment closed.

Once an enrollment is closed due to not completing revalidation providers must contact MDHHS Provider Enrollment to have the enrollment re-opened. (Note when MDHHS opens the enrollment manually the changes cannot be made by the provider until the following day.)

Facility/Agency/Organization (FAO) Revalidation Steps

Details on the revalidation steps

MILogin for Third Party

User ID

Password

Password

LOGIN

Don't have an account?

SIGN UP

Forgot your User ID?

Forgot your password?

Need Help?


Copyright 2015-2019 State of Michigan

- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter <https://milogintp.Michigan.gov> into the search bar
- Enter your User ID and Password
- Click Login

MILogin for Third Party

[HOME](#)[REQUEST ACCESS](#)[UPDATE PROFILE](#)[SECURITY OPTIONS](#)[CHANGE PASSWORD](#)[LOGOUT](#)

Home Page

 Your password will expire in **48** days

Access your applications by clicking on the application links below



Michigan Department of Health & Human Services (MDHHS)

CHAMPS

- You will be directed back to your MILogin Home Page
- Click the CHAMPS hyperlink

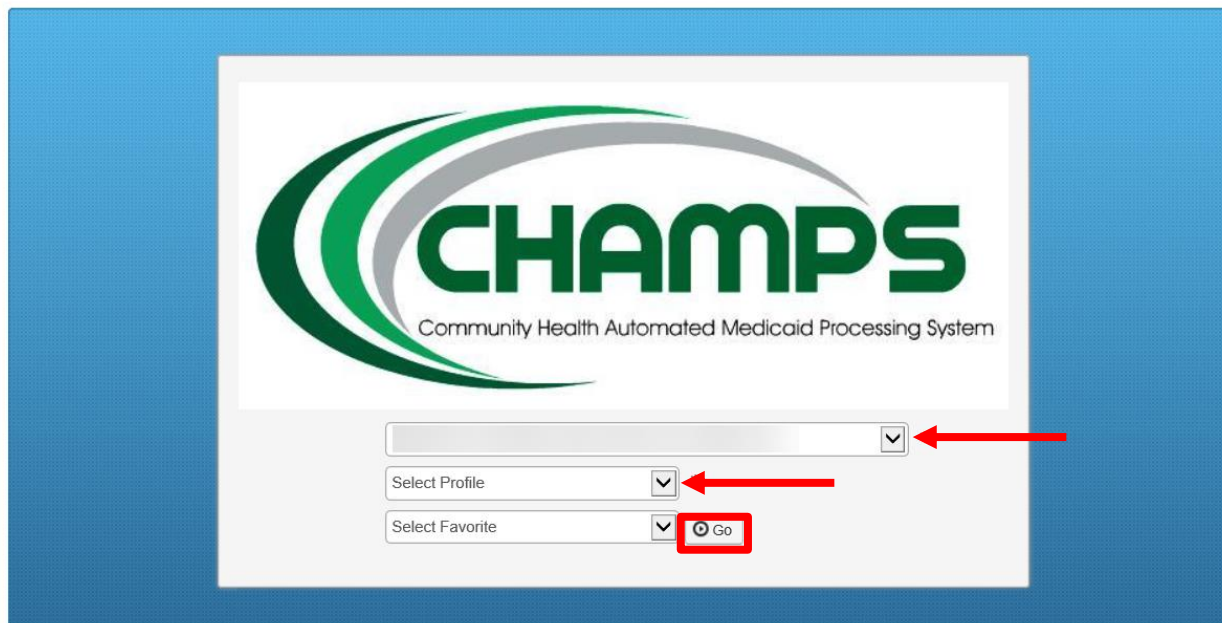
The screenshot shows the Michigan.gov MILogin for Third Parties page. A modal titled "Terms & Conditions" is open, displaying the following text:

Terms & Conditions
The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an appropriate manner specific to the format type. All users of the systems give their expressed consent to the monitoring of their activities on the systems. If such monitoring reveals possible evidence of unauthorized or criminal activity, the evidence may be provided to administrative or law enforcement officials for disciplinary action and/or prosecution. By accessing information provided by the Michigan Department of Health & Human Services computer information systems and clicking on the button below, I acknowledge and agree to abide by all governing privacy and security terms,

At the bottom of the modal are two buttons: "CANCEL ✕" and "Acknowledge/Agree". The "Acknowledge/Agree" button is highlighted with a red border.

The background page shows the Michigan.gov logo, "MILogin for Third Parties", and navigation links: HOME, REQUEST ACCESS, LOGOUT, and CHAMPS. A password expiration notice states: "Your password will expire in 42 d".

- Click Acknowledge/Agree button to accept the Terms & Conditions to get into CHAMPS



CHAMPS
Community Health Automated Medicaid Processing System

Select Profile

Select Favorite

- Select the Domain of the FAO provider needing to complete the revalidation.
- Select either CHAMPS Full Access or Provider Enrollment Access profile in order to complete the revalidation.
- Click Go

CHAMPS My Inbox ▾ **Provider ▾**

PROVIDER ENROLLMENT

- New Enrollment ★
- Track Application ★

MANAGE PROVIDER

- Manage Provider Information ← ★

NPI: Name:

Latest updates

System Notice

Due to R10c-1.8.1 Release , the CHAMPS system will be unavailable between 7:00 PM EST Friday, January 24th through 2:00 AM EST Saturday, January 25th, 2020. Due to MILogin system maintenance, CHAMPS system will be unavailable between 9:00 PM EST Sunday, January 26th to 1:00 AM EST Monday, January 27th, 2020.

My Reminders

Filter By ▾ Go

Alert Type	Alert Message	Alert Date	Due Date	Read
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼
No Records Found !				

Calendar

09:43 6 February 2020 Thursday

2020 February						
Mo	Tu	We	Th	Fr	Sa	Su
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	
← Today →						

- Click the Provider Tab
- Select Manage Provider Information

CHAMPS My Inbox Provider Claims Member PA

Last Login: 19 FEB, 2020 01:30 PM Note Pad External Links My Favorites Print Help

Provider Portal > Facility Modification BPW

NPI: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input checked="" type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 2: Locations	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 3: Specialties	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 6: Additional Information	Required	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 14: Fee Payment	Optional			Incomplete		
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	12/02/2015	12/02/2015	Incomplete		

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- The required column displays which steps are Required versus Optional for the completion of revalidation.
 - During revalidation, each step should be reviewed to ensure the information accuracy.
- Each required step will need to be clicked into, even if the step information doesn't need to be updated, to allow the step status to change from Incomplete to Complete.
- Click Step 1: Provider Basic Information

NPI:

Name:



Provider Details

Legal Entity Name: * (As shown on the Income Tax Return)

Entity Business Name: * (Doing Business As)

EIN/TIN:

Organization/Business Type: Medicaid *

Vendor ID:

Medicare Cost Share: ☐

Contact Email Address:

NPI:

Email-1: *

Email-2:

Business Status: Active

Email-3:

Email-4:

Status: Approved

Email-5:

Email-6:

Business Elig.Date Range: 09/01/1982-12/31/2999

Revalidation Period: 04/01/2024-06/30/2024

Ok

Cancel

- Review all required information, as indicated with an asterisk (*), to ensure accuracy.
- Make any necessary updates
- Click Ok



NPI:

Name:

Close

Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

<input type="checkbox"/> Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 3: Specialties	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 6: Additional Information	Required	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 14: Fee Payment	Optional			Incomplete		
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	12/02/2015	12/02/2015	Incomplete		

View Page:

1

Go

Page Count

SaveToXLS

Viewing Page: 1


First

Prev

Next

Last

- Step 1 is Complete
 - If changes were made an additional status of Updated would be listed in the Modification Status column.
- Click on Step 2: Locations


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

Last Login: 19 FEB, 2020 01:30 PM
Note Pad
External Links ▾
My Favorites ▾
Print
Help

Provider Portal
Facility Modification BPW

NPI:
Name:

Close Add
 To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink

Locations List

Filter By Filter By
And Operational Status Active ▾ Go
Save Filters My Filters ▾

Doing Business As ▲▼	Location Type ▲▼	Location Details ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
<input type="checkbox"/>	Primary Practice Location		04/10/2015	12/31/2999	Approved	Active	

View Page: Go
Page Count
SaveToXLS
Viewing Page: 1
First
Prev
Next
Last

- Click the Primary Practice Location hyperlink

CHAMPS My Inbox Provider Claims Member PA

Last Login: 19 FEB, 2020 01:30 PM Note Pad External Links My Favorites Print Help

Provider Portal Facility Modification BPW

NPI: Name:

Close Save To add additional addresses, click "Add Address" button.

Location Details

Doing Business As: Location Code: 01 Location Type: Primary Practice Location

Phone Number: * Extn: Fax Number: Email Address:

Web Page: Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:		AM PM		AM PM	Thursday:		AM PM		AM PM
Monday:		AM PM		AM PM	Friday:		AM PM		AM PM
Tuesday:		AM PM		AM PM	Saturday:		AM PM		AM PM
Wednesday:		AM PM		AM PM					

Handicap Accessible: No

Accept 835 (reported at EIN/TIN level): No

Language(s) Spoken: English Arabic Chinese

Start Date: 04/10/2015 End Date: 12/31/2999 Status: Approved

Facility Details

State Facility ID: Fiscal Year End Date: 09/30

Address List

Add Address

Filter By: Filter By: And Operational Status: Active Go Save Filters My Filters

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
Correspondence		04/10/2015	12/31/2999	Approved	Active	
Location		04/10/2015	12/31/2999	Approved	Active	
Primary Pay To		04/10/2015	12/31/2999	Approved	Active	
Remittance Advice		04/10/2015	12/31/2999	Approved	Active	

View Page: 1 Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- If office hours are blank;
 - Update the hours section based on the hours your facility is open and closed each day.
 - If there is a day your facility is completely closed select closed from the Open At dropdown selection and you will not be required to enter AM or PM.

CHAMPS My Inbox Provider Claims Member PA

Last Login: 19 FEB, 2020 01:30 PM Note Pad External Links My Favorites Print Help

Provider Portal Facility Modification BPW

NPI: Name:

Close Save to add additional addresses, click "Add Address" button.

Location Details

Doing Business As: Location Code: 01 Location Type: Primary Practice Location

Phone Number: * Extn: Fax Number: Email Address:

Web Page: Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day	Open At	AM/PM	Close At	AM/PM	Day	Open At	AM/PM	Close At	AM/PM
Sunday:	Close	AM PM		AM PM	Thursday:	06:00	AM PM	09:00	AM PM
Monday:	05:30	AM PM	05:00	AM PM	Friday:	07:00	AM PM	12:00	AM PM
Tuesday:	05:00	AM PM	01:30	AM PM	Saturday:	Close	AM PM		AM PM
Wednesday:	05:00	AM PM	02:30	AM PM					

Handicap Accessible: No

Accept 835(reported at EIN/TIN level): No

Language(s) Spoken: English Arabic Chinese

(For Multiple Selection, use Ctrl Key)

Start Date: 04/10/2015 End Date: 12/31/2999 Status: Approved

Facility Details

State Facility ID: Fiscal Year End Date: 09/30

(mm/dd)

Address List

- Update office hours and any other required information.
- Click Save
- Scroll down to review address information

CHAMPS My Inbox Provider Claims Member PA

Last Login: 19 FEB, 2020 01:30 PM Note Pad External Links My Favorites Print Help

Provider Portal Facility Modification BPW

NPI: Name:

Close Save To add additional addresses, click "Add Address" button.

Location Details

Doing Business As: Location Code: 01 Location Type: Primary Practice Location

Phone Number: * Extn: Fax Number: Email Address:

Web Page: Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day	Open At	AM/PM	Close At	AM/PM	Day	Open At	AM/PM	Close At	AM/PM
Sunday	Close *	AM PM *	Close *	AM PM *	Thursday	06:00 *	AM PM *	09:00 *	AM PM *
Monday	05:30 *	AM PM *	05:00 *	AM PM *	Friday	07:00 *	AM PM *	12:00 *	AM PM *
Tuesday	05:00 *	AM PM *	01:30 *	AM PM *	Saturday	Close *	AM PM *	Close *	AM PM *
Wednesday	05:00 *	AM PM *	02:30 *	AM PM *					

Handicap Accessible: No

Accept 835 (reported at EIN/TIN level): No

Language(s) Spoken: English Arabic Chinese

(For Multiple Selection, use Ctrl Key)

Start Date: 04/10/2015 End Date: 12/31/2999 Status: Approved

Facility Details

State Facility ID: Fiscal Year End Date: 09/30 *

(mm/dd)

Address List

Add Address

Filter By Filter By And Operational Status Active Go Save Filters My Filters

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
<input checked="" type="checkbox"/> Correspondence		04/10/2015	12/31/2999	Approved	Active	
<input type="checkbox"/> Location		04/10/2015	12/31/2999	Approved	Active	
<input type="checkbox"/> Primary Pay To		04/10/2015	12/31/2999	Approved	Active	
<input type="checkbox"/> Remittance Advice		04/10/2015	12/31/2999	Approved	Active	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First Prev Next Last

- Review all required information, as indicated with an asterisk (*), to ensure accuracy.
 - If the listed address information and office hours are accurate, click Close to be returned to the [Locations List page](#).
- To update the Correspondence address, click the Correspondence hyperlink from the address type column.
- The following screens will walk through the process of updating address information.



NPI:

Name:

Close

Save



Manage Provider Location Address

Type of Address: Correspondence

Status: Approved

End Date: 12/31/2999

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWER 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address Line 1: *

(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: *

State/Province: *


County: *

Country: UNITED STATES *

Zip Code: * - *

Validate Address

- Complete all fields marked with an asterisk (*).
- Click validate address


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

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Note Pad
External Links ▾
My Favorites ▾
Print
Help

Provider Portal
Facility Modification BPW

NPI:
Name:

Close Save

Manage Provider Location Address

Type of Address: Correspondence
Status: Approved

End Date: 12/31/2999

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWER 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address validation successful

Address Line 1: *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: ▾ *

State/Province: ▾ *

County: ▾

Country: UNITED STATES ▾ *

Zip Code: * -

Validate Address

- The 'Address Validation Successful' message will appear indicating the address has been validated.
- Click Save
- Click Close to return to the Location Details screen to review the next address.

CHAMPS My Inbox Provider Claims Member PA

Last Login: 19 FEB, 2020 01:30 PM Note Pad External Links My Favorites Print Help

Provider Portal Facility Modification BPW

NPI: Name:

Close Save To add additional addresses, click "Add Address" button.

Location Details

Doing Business As: Location Code: 01 Location Type: Primary Practice Location

Phone Number: * Extn: Fax Number: Email Address:

Web Page: Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	Close *	AM/PM *	Close *	AM/PM *	Thursday:	06:00 *	AM/PM *	09:00 *	AM/PM *
Monday:	05:30 *	AM/PM *	05:00 *	AM/PM *	Friday:	07:00 *	AM/PM *	12:00 *	AM/PM *
Tuesday:	05:00 *	AM/PM *	01:30 *	AM/PM *	Saturday:	Close *	AM/PM *	Close *	AM/PM *
Wednesday:	05:00 *	AM/PM *	02:30 *	AM/PM *					

Handicap Accessible: No

Accept 835(reported at EIN/TIN level): No

Language(s) Spoken: English Arabic Chinese

(For Multiple Selection, use Ctrl Key)

Start Date: 04/10/2015 End Date: 12/31/2999 Status: Approved

Facility Details

State Facility ID: Fiscal Year End Date: 09/30

(mm/dd)

Address List


Add Address

Filter By Filter By And Operational Status Active Go Save Filters My Filters

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
Correspondence		02/19/2020	12/31/2999	In Review	Active	
Correspondence		04/10/2015	12/31/2999	Approved	Active	
Location		04/10/2015	12/31/2999	Approved	Active	
Primary Pay To		04/10/2015	12/31/2999	Approved	Active	
Remittance Advice		04/10/2015	12/31/2999	Approved	Active	

View Page: 1 Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- Notice there are now two rows for correspondence address, one that is approved and one that is in review.
 - If no other addresses need to be updated, update hours, click save and close to return to the [Locations List page](#).
- Click the Location hyperlink from the address type if the Location address needs to be updated.



My Inbox

Provider

Claims

Member

PA

Last Login: 19 FEB, 2020 01:30 PM

Note Pad

External Links

My Favorites

Print

Help

Provider Portal > Facility Modification BPW

NPI:

Name:

Close

Save

Manage Provider Location Address

Type of Address: Location

Status: Approved

End Date: 12/31/2999

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWER 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address Line 1: *

Address Line 2:

(Enter Street Address or PO Box Only)

Address Line 3:

City/Town: *

State/Province: *


County: *

Country: UNITED STATES *


Zip Code: * -

Validate Address

- Complete all fields marked with an asterisk (*).
- Click validate address



Michigan Department of Health & Human Services


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

Last Login: 19 FEB, 2020 01:30 PM
Note Pad
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Provider Portal
Facility Modification BPW

NPI:
Name:

Close Save

Manage Provider Location Address

Type of Address: Location
Status: Approved

End Date: 12/31/2999

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWER 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address validation successful

Address Line 1: *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: *

State/Province: *

County:

Country: UNITED STATES *

Zip Code: * -

Validate Address

- The 'Address Validation Successful' message will appear indicating the address has been validated.
- Click Save
- Click Close to return to the Location Details screen to review the next address

CHAMPS My Inbox Provider Claims Member PA

Last Login: 19 FEB, 2020 01:30 PM Note Pad External Links My Favorites Print Help

Provider Portal Facility Modification BPW

NPI: Name:

Close Save To add additional addresses, click "Add Address" button.

Location Details

Doing Business As: Location Code: 01 Location Type: Primary Practice Location

Phone Number: * Extn: Fax Number: Email Address:

Web Page: Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	Close *	AM PM *	Close *	AM PM *	Thursday:	06:00 *	AM PM *	09:00 *	AM PM *
Monday:	05:30 *	AM PM *	05:00 *	AM PM *	Friday:	07:00 *	AM PM *	12:00 *	AM PM *
Tuesday:	05:00 *	AM PM *	01:30 *	AM PM *	Saturday:	Close *	AM PM *	Close *	AM PM *
Wednesday:	05:00 *	AM PM *	02:30 *	AM PM *					

Handicap Accessible: No

Accept 835 (reported at EIN/TIN level): No

Language(s) Spoken: English Arabic Chinese

(For Multiple Selection, use Ctrl Key)

Start Date: 04/10/2015 End Date: 12/31/2999 Status: Approved

Facility Details

State Facility ID: Fiscal Year End Date: 09/30 *

(mm/dd)

Address List

Add Address

Filter By: Filter By: And Operational Status: Active Go Save Filters My Filters

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Correspondence		02/19/2020	12/31/2999	In Review	Active	
<input type="checkbox"/> Correspondence		04/10/2015	12/31/2999	Approved	Active	
<input type="checkbox"/> Location		02/19/2020	12/31/2999	In Review	Active	
<input type="checkbox"/> Location		04/10/2015	12/31/2999	Approved	Active	
<input type="checkbox"/> Primary Pay To		04/10/2015	12/31/2999	Approved	Active	

View Page: 2 Viewing Page: 1

First Prev Next Last

- Notice there are now two rows for Location address, one that is approved and one that is in review.
 - If no other addresses need to be updated, click save and close to return to the [Location List page](#).
- Notice there are now two pages of address types listed, click next to update the next address type
 - Providers needing to update their Primary Pay To will need to submit a letter on company letterhead to Provider Enrollment requesting the update. The letter needs to include the NPI, EIN/SSN, Vendor ID, Old pay to address and new pay to address. The letter needs to be signed by someone with signing rights such as President, Owner, CEO, etc.

CHAMPS My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

Last Login: 19 FEB, 2020 01:30 PM Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal > Facility Modification BPW

NPI: Name:

Close Save To add additional addresses, click "Add Address" button.

Location Details

Doing Business As: Location Code: 01 Location Type: Primary Practice Location

Phone Number: * Extn: Fax Number: Email Address:

Web Page: Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	Close ▾ *	AM PM *	▾ *	AM PM *	Thursday:	06:00 ▾ *	AM PM *	09:00 ▾ *	AM PM *
Monday:	05:30 ▾ *	AM PM *	05:00 ▾ *	AM PM *	Friday:	07:00 ▾ *	AM PM *	12:00 ▾ *	AM PM *
Tuesday:	05:00 ▾ *	AM PM *	01:30 ▾ *	AM PM *	Saturday:	Close ▾ *	AM PM *	▾ *	AM PM *
Wednesday:	05:00 ▾ *	AM PM *	02:30 ▾ *	AM PM *					

Handicap Accessible: No ▾

Accept 835(reported at EIN/TIN level): No ▾

Language(s) Spoken: English Arabic Chinese (For Multiple Selection, use Ctrl Key)

Start Date: 04/10/2015 End Date: 12/31/2999 Status: Approved

Facility Details

State Facility ID: Fiscal Year End Date: 09/30 * (mm/dd)

Address List


Add Address

Filter By Filter By And Operational Status Active ▾ Go Save Filters My Filters ▾

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
Remittance Advice		04/10/2015	12/31/2999	Approved	Active	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 2 << First < Prev > Next >> Last

- Click the Remittance Advice hyperlink from the address type if the Remittance Advice address needs to be updated.
 - If no other addresses need to be updated, click save and close to return to the [Locations List page](#).


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

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Provider Portal
Facility Modification BPW

NPI:
Name:

Close Save

Manage Provider Location Address

Type of Address: Remittance Advice
Status: Approved

End Date:

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWER 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address Line 1: *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: ▾ *

State/Province: ▾ *

County: ▾

Country: ▾ *

Zip Code: * - Validate Address

- Make any necessary updates. Ensure all fields marked with an asterisk (*) are complete.
 - If you would no longer like to receive a mailed paper copy of the remittance advice and would rather access it directly from CHAMPS via the My Inbox Archived Documents function, enter an End Date based on the system date or future end date.
- Click validate address

NPI: Name: 

Close



Save



Manage Provider Location Address

Type of Address: Remittance Advice

Status: Approved

End Date: 12/31/2999

If a department or drawer number is required enter the information in line TWO. (For example: DEPT 222 or DEPARTMENT 222, DRAWER 1111 or DRAWER 1111) If an attention line is required, please enter the information in Line THREE. (For example: ATTN: Billing Dept.)

Address validation successful

Address Line 1: *

(Enter Street Address or PO Box Only)

Address Line 3: State/Province: ▾ *

Country: UNITED STATES ▾ *

Address Line 2: City/Town: ▾ *County: ▾Zip Code: * - Validate Address

- The 'Address Validation Successful' message will appear indicating the address has been validated.
- Click Save
- Click Close to return to the Location Details screen.

CHAMPS My Inbox Provider Claims Member PA

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Provider Portal Facility Modification BPW

NPI: Name:

To add additional addresses, click "Add Address" button.

Location Details

Doing Business As: Location Code: 01 Location Type: Primary Practice Location

Phone Number: * Extn: Fax Number: Email Address:

Web Page: Communication Preference:

Please enter the hours your office is open for each day. If you are closed on a given day select "Closed" in the "Open At" drop down.

Day:	Open At:	AM/PM	Close At:	AM/PM	Day:	Open At:	AM/PM	Close At:	AM/PM
Sunday:	Close *	AM PM *	Close *	AM PM *	Thursday:	06:00 *	AM PM *	09:00 *	AM PM *
Monday:	05:30 *	AM PM *	05:00 *	AM PM *	Friday:	07:00 *	AM PM *	12:00 *	AM PM *
Tuesday:	05:00 *	AM PM *	01:30 *	AM PM *	Saturday:	Close *	AM PM *	Close *	AM PM *
Wednesday:	05:00 *	AM PM *	02:30 *	AM PM *					

Handicap Accessible: No

Accept 835(reported at EIN/TIN level): No

Language(s) Spoken: English Arabic Chinese

(For Multiple Selection, use Ctrl Key)

Start Date: 04/10/2015 End Date: 12/31/2999 Status: Approved

Facility Details

State Facility ID: Fiscal Year End Date: 09/30 *

(mm/dd)

Address List


Filter By: Filter By: And Operational Status: Active Go Save Filters My Filters

Address Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> Remittance Advice		02/19/2020	12/31/2999	In Review	Active	
<input type="checkbox"/> Remittance Advice		04/10/2015	12/31/2999	Approved	Active	

View Page: 1 Viewing Page: 2

Page Count SaveToXLS << First Prev Next >> Last

- Notice there are now two rows for Remittance Advice address, one that is approved and one that is in review.
- Click Close to return to the Location List page


My Inbox ▾
Provider ▾
Claims ▾
Member ▾
PA ▾

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My Favorites ▾
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Provider Portal
Facility Modification BPW

NPI:
Name:

Close
Add
To add/modify Pay To, Correspondence and Remittance Advice addresses, click on Location Type hyperlink

Locations List

Filter By Filter By
And Operational Status Active ▾ Go
Save Filters
My Filters ▾

Doing Business As ▲▼	Location Type ▲▼	Location Details ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
<input type="checkbox"/>	Primary Practice Location		04/10/2015	12/31/2999	In Review	Active	
<input type="checkbox"/>	Primary Practice Location		04/10/2015	12/31/2999	Approved	Active	

View Page: Go
Page Count
SaveToXLS
Viewing Page: 1
<< First
< Prev
Next >
>> Last

- Notice there are now two rows for Primary Practice Location, one that is approved and one 'In Review'.
- Click Close to return to the Business Process Wizard steps.



NPI:

Name:

Close

Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

<input type="checkbox"/> Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 6: Additional Information	Required	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 14: Fee Payment	Optional			Incomplete		
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Incomplete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/19/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

View Page: 1

Go

Page Count

SaveToXLS

Viewing Page: 1

First

Prev

Next

Last

- Step 2 is Complete and a Modification Status of Updated as changes were made within this step.
- Click on Step 3: Specialties

CHAMPS < My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

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Note Pad External Links ▾ My Favorites ▾ Print Help

Provider Portal > Facility Modification BPW

NPI: Name:

Close Add


Specialty/Subspecialty List

Filter By ▾ And Filter By ▾ And Operational Status Active ▾ Go Save Filters My Filters ▾

Specialty/Subspecialty ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼	Primary Specialty (Y/N) ▲▼
<input checked="" type="checkbox"/> Hospital -- Inpatient/Critical Access	04/10/2015	12/31/2999	Approved	Active		No
<input type="checkbox"/> Hospital -- Outpatient/Laboratory	04/10/2015	12/31/2999	Approved	Active		No
<input type="checkbox"/> Hospital -- Outpatient/Critical Access	04/10/2015	12/31/2999	Approved	Active		No

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- Each Specialty should be reviewed for accuracy
 - If the information is accurate and there are no updates or additions, click Close to be returned to the [Business Process Wizard steps](#).
- To enter a new specialty that is not listed, click Add
- To change an end date of a current Specialty listed click the Specialty/Subspecialty hyperlink.
 - Continue to next slide for further information on how to end date a Specialty.

 < My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

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Provider Portal > Facility Modification BPW

NPI: Name:

Close Save

Manage Specialty/Subspecialty

Location: 01-
Provider Type: ENTITIES
Specialty: Hospital -- Inpatient
Subspecialty: Critical Access
Status: Approved

Start Date: 04/10/2015 * End Date: 12/31/2999

- Enter the end date to indicate the date the Specialty is no longer applicable
- Click Save
- Click Close to return to the Specialty/Subspecialties list screen

CHAMPS < My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

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Provider Portal > Facility Modification BPW

NPI: Name:

Close Add

Specialty/Subspecialty List

Filter By ▾ And Filter By ▾ And Operational Status Active ▾ Go Save Filters My Filters ▾

Specialty/Subspecialty ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼	Primary Specialty (Y/N) ▲▼
<input type="checkbox"/> Hospital -- Inpatient/Critical Access	04/10/2015	12/31/2999	In Review	Active		No
<input type="checkbox"/> Hospital -- Inpatient/Critical Access	04/10/2015	12/31/2999	Approved	Active		No
<input type="checkbox"/> Hospital -- Outpatient/Laboratory	04/10/2015	12/31/2999	Approved	Active		No
<input type="checkbox"/> Hospital -- Outpatient/Critical Access	04/10/2015	12/31/2999	Approved	Active		No

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- Notice there are now two rows for Specialty/Subspecialty, one that is approved and one that is in review.
- If end dates are needed for any other Specialty/Subspecialty listed, click into those hyperlinks to enter end dates.
- Click Close to return to the Business Process Wizard steps.



NPI:

Name:

Close

Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete		
<input type="checkbox"/> Step 6: Additional Information	Required	12/23/2017	12/23/2017	Incomplete		Please add Contacts information.
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 14: Fee Payment	Required			Incomplete		Please add Fee Payments.
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/20/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count SaveToXLS

Viewing Page: 1

First Prev Next Last

- Step 3 is Complete and a Modification Status of Updated as changes were made within this step.
- Click on Step 5: License/Certification/Other
 - Please note: Step 4 is optional and can be reviewed or updated if needed but is not required.

CHAMPS < My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

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Provider Portal > Facility Modification BPW

NPI: Name:

Close Add

License/Certification/Other List

Filter By ▾ And Filter By ▾ And Operational Status Active ▾ Go Save Filters My Filters ▾

License/Cert/Other Type ▲▼	License/Cert/Other # ▲▼	Location ▲▼	Valid Flag ▲▼	Effective Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
<input type="checkbox"/> CLINICAL LAB IMPROVEMENT AMEND. CERT.		01-	Yes	01/03/2015	01/02/2021	APPROVED	Active	
<input type="checkbox"/> MEDICARE CERTIFICATION		01-	Yes	04/01/2002	12/31/2999	APPROVED	Active	
<input type="checkbox"/> STATE LICENSE		01-	Yes	01/01/2004	12/31/2299	APPROVED	Active	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- Each License/Certification should be reviewed for accuracy.
 - If the information listed is accurate and there are no updates or additions, click Close to be returned to the [Business Process Wizard steps](#).
- To enter a new License/Certification/Other, click Add
- To edit any current License/Certification/Other click the License/Certification/Other hyperlink.
 - Continue to next slide for further information on how to end date the License/Certification/Other.

CHAMPS

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Provider Portal > Facility Modification BPW

NPI: Name:

Close Save **Confirm License/Certification/Other**

Manage License/Certification/Other

Location: 01


License/Certification/Other Type: Clinical Lab Improvement Amend. Cert. License/Certification/Other #:

Valid Flag: Yes

Effective Date: 01/03/2015 * End Date: 01/02/2021

Status: Approved

- Click Confirm License/Certification/Other
- Enter the end date to indicate when the License/Certification/Other is no longer applicable.
- Depending on the License/Certification/Other type selected additional information can be changed or updated.

 < My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾ >

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Provider Portal > Facility Modification BPW

NPI: Name:

Close Save Confirm License/Certification/Other

Manage License/Certification/Other

Location: 01-

License/Certification/Other Type: Clinical Lab Improvement Amend. Cert. License/Certification/Other #:

Valid Flag: No

Effective Date: 01/03/2015 * End Date: *

Status: Approved

- Click Save
 - Depending on the type of License/Certification selected, there may be additional required information to update. Any required information will be indicated with an asterisk (*).
- Click Close to return to the License/Certification/Other list page.

CHAMPS < My Inbox ▾ Provider ▾ Claims ▾ Member ▾ PA ▾

Last Login: 19 FEB, 2020 02:07 PM Note Pad External Links ▾ My Favorites ▾ Print Help

> Provider Portal > Facility Modification BPW

NPI: Name:

Close Add

License/Certification/Other List

Filter By ▾ And Filter By ▾ And Operational Status Active ▾ Go Save Filters My Filters ▾

License/Cert./Other Type ▲▼	License/Cert./Other # ▲▼	Location ▲▼	Valid Flag ▲▼	Effective Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
CLINICAL LAB IMPROVEMENT AMEND. CERT.		01-	No	01/03/2015	12/31/2999	IN REVIEW	Active	
CLINICAL LAB IMPROVEMENT AMEND. CERT.		01-	Yes	01/03/2015	01/02/2021	APPROVED	Active	
MEDICARE CERTIFICATION		01-	Yes	04/01/2002	12/31/2999	APPROVED	Active	
STATE LICENSE		01-	Yes	01/01/2004	12/31/2299	APPROVED	Active	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- Notice there are now two rows for License/Certification/Other, one that is approved and one that is in review.
- Review each License/Certification listed and make any necessary changes if needed.
- If no other License/Certification/Other needs to be edited, click Close.

CHAMPS My Inbox Provider Claims Member PA

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Provider Portal Facility Modification BPW

NPI: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	Updated	
Step 6: Additional Information	Required	12/23/2017	12/23/2017	Incomplete		Please add Contacts information.
Step 7: Mode of Claim Submission/EDI Exchange	Required	12/02/2015	12/02/2015	Incomplete		
Step 8: Associate Billing Agent	Required	12/02/2015	12/02/2015	Incomplete		
Step 9: Provider Controlling Interest/Ownership Details	Required	12/02/2015	12/02/2015	Incomplete		
Step 10: Taxonomy Details	Required	12/02/2015	12/02/2015	Incomplete		
Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
Step 13: 835/ERA Enrollment Form	Optional	12/02/2015	12/02/2015	Incomplete		
Step 14: Fee Payment	Required			Incomplete		Please add Fee Payments.
Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
Step 17: Submit Modification Request for Review	Required	02/20/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

- Step 5 is Complete and a Modification Status of Updated as changes were made within this step.
- Click on Step 6: Additional Information
 - Based on the specialty selected in Step 3, Step 6 would be required. If Step 6 is not required move onto the next required step, [Step 7](#).



NPI:

Name:

Close

Provider Contact List

Add

Filter By ▾ And Filter By ▾ And Operational Status Active ▾ Go Save Filters My Filters ▾

Contact Type	First Name	Last Name	Start Date	End Date	Address	Status	Operational Status	Inactivation Date	Location Code	Location Name
--------------	------------	-----------	------------	----------	---------	--------	--------------------	-------------------	---------------	---------------

No Records Found !

Identifier List

Add

Filter By ▾ And Filter By ▾ And Operational Status Active ▾ Go Save Filters My Filters ▾

Identifier Type	Identifier Value	Start Date	End Date	Status	Operational Status	Inactivation Date	Location Code	Location Name
-----------------	------------------	------------	----------	--------	--------------------	-------------------	---------------	---------------

No Records Found !

Provider Bed Information List

Add

Filter By ▾ And Filter By ▾ And Operational Status Active ▾ Go Save Filters My Filters ▾

Bed Type	Bed(s)/Unit(s)	Start Date	End Date	Status	Operational Status	Inactivation Date	Location Code	Location Name
----------	----------------	------------	----------	--------	--------------------	-------------------	---------------	---------------

No Records Found !

- Click Add to enter contact information

CHAMPS

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Provider Portal > Facility Modification BPW

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

NPI: Name:

Add Contact

Location: 01- ▾ *

Type of Contact: ---SELECT--- ▾ * ←

Title: ---SELECT--- ▾ * ←

First Name: *

Phone Number: *

Email Id:

Start Date: * [Calendar Icon]

Last Name: *

Fax Number:

End Date: [Calendar Icon]

Address Line 1: *
(Enter Street Address or PO Box Only)

Address Line 2:

Address Line 3:

City/Town: OTHER ▾ *

State/Province: OTHER ▾ *

County: OTHER ▾ *

Country: UNITED STATES ▾ *

Zip Code: * - [Validate Address]

OK Cancel

Page ID: dlgManageAddContact(Provider)

- Select the Type of Contact and indicate their Title from the dropdowns.
 - FAO providers must have both a Settlement and General contact listed.
- Enter all required information as indicated by an asterisk (*).
- Click Validate Address

CHAMPS < My Inbox > Provider > Claims > Member > PA >

Last Login: 21 FEB, 2020 09:02 AM

Note Pad External Links > My Favorites > Print Help

Provider Portal > Facility Modification BPW

https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

NPI: Name:

Add Contact

Location: 01- *
Type of Contact: Settlement Contact *
Title: *
First Name: *
Phone Number: *
Email Id: *
Start Date: *
Last Name: *
Fax Number: *
End Date: *

Address validation successful

Address Line 1: *
(Enter Street Address or PO Box Only)
Address Line 3: *
State/Province: *
Country: UNITED STATES *
Address Line 2: *
City/Town: *
County: *
Zip Code: * - * Validate Address

OK Cancel

Page ID: digManageAddContact(Provider)

- The 'Address Validation Successful' message will appear indicating the address has been validated.
- Click Ok



NPI:

Name:

Close

Provider Contact List

Add

Filter By ▾ And Filter By ▾ And Operational Status Active ▾ Go Save Filters My Filters ▾

Contact Type ▴ ▾	First Name ▴ ▾	Last Name ▴ ▾	Start Date ▴ ▾	End Date ▴ ▾	Address ▴ ▾	Status ▴ ▾	Operational Status ▴ ▾	Inactivation Date ▴ ▾	Location Code ▴ ▾	Location Name ▴ ▾
<input type="checkbox"/> Settlement Contact			01/01/2015	12/31/2999		IN REVIEW	Active		01	
<input type="checkbox"/> General			01/02/2015	12/31/2999		IN REVIEW	Active		01	

View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev > Next >> Last

Identifier List

Add

Filter By ▾ And Filter By ▾ And Operational Status Active ▾ Go Save Filters My Filters ▾

Identifier Type ▴ ▾	Identifier Value ▴ ▾	Start Date ▴ ▾	End Date ▴ ▾	Status ▴ ▾	Operational Status ▴ ▾	Inactivation Date ▴ ▾	Location Code ▴ ▾	Location Name ▴ ▾
---------------------	----------------------	----------------	--------------	------------	------------------------	-----------------------	-------------------	-------------------

No Records Found !

Provider Bed Information List

Add

Filter By ▾ And Filter By ▾ And Operational Status Active ▾ Go Save Filters My Filters ▾

Bed Type	Bed(s)/Unit(s)	Start Date	End Date	Status	Operational Status	Inactivation Date	Location Code	Location Name
----------	----------------	------------	----------	--------	--------------------	-------------------	---------------	---------------

- The newly added contact(s) will show with an In Review status.
- Additional information can be entered in this screen, such as Identifier List and Provider Bed Information List.
 - Provider Bed information is required for Inpatient Hospital Specialties with a subspecialty of Acute Care, General, Critical Access, Children's Hospital, Short Term, Psychiatric, or Rehabilitation. Private Mental Hospital Providers with no subspecialty and State Psychiatric Hospital Providers with no subspecialty.
- When finished, click Close to return to the Business Process Wizard Steps.



NPI:

Name:

Close

Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

<input type="checkbox"/> Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 6: Additional Information	Required	02/20/2020	12/23/2017	Complete	Updated	
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 14: Fee Payment	Required			Incomplete		Please add Fee Payments.
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/20/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

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- Step 6 is Complete and a Modification Status of Updated as changes were made within this step.
- Click on Step 7: Mode of Claim Submission/EDI Exchange

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Close Add

Mode of Claim Submission List

Filter By ▾ And Filter By ▾ And Operational Status Active ▾ Go Save Filters My Filters ▾

Mode of Claim Sub. Method ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
<input type="checkbox"/> Billing Agent, Online Direct Data Entry (DDE), Paper	11/21/2015	12/31/2999	Approved	Active	

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- The current mode(s) of claim submission will be displayed.
 - If the information listed is accurate and no edits need to be made, click Close to be returned to the [Business Process Wizard steps](#).
- To add or remove a mode of claim submission click the mode of submissions hyperlink.
 - Continue to the next slide for further instructions on how to remove a mode of claim submission.

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Mode of Claims Submission/EDI exchange

Please select the submission methods from EDI Exchange and/or Other Claims Submission as applicable.

EDI exchange


Method	Description	Applicable Transactions
<input type="checkbox"/> Electronic Batch	To upload/download HIPAA transactions from screens (Maximum file upload size is 50MB)	837P- Professional (FFS), 837I -Institutional(FFS), 837D -Dental(FFS), 270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response
<input type="checkbox"/> CORE Batch	To upload/download HIPAA transactions using CORE Batch Connectivity	270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 835 Health Care Claim Payment/Advice
<input type="checkbox"/> CORE Real Time	To upload/download HIPAA transactions using CORE Real Time Connectivity	270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response
<input checked="" type="checkbox"/> Billing Agent	To submit/receive HIPAA transactions through billing agent	837P- Professional (FFS/Encounter), 837I -Institutional(FFS/Encounter), 837D -Dental(FFS/Encounter), 270/271 -Eligibility Inquiry/Response, 276/277-Claim Status Inquire/Response, 278/278- Prior Authorization Request/Response, 835- Healthcare Claim payment Advice

Other Claims Submission

Method	Description
<input checked="" type="checkbox"/> Paper Claims	To submit FFS paper claims
<input checked="" type="checkbox"/> Direct Data Entry(DDE)	To submit FFS claims via online screens

Status: Approved

- To remove a mode(s) of claim submission click the check mark next to the method of submission.
 - Multiple methods can be updated at once, check or uncheck applicable methods.
- Click Save
- Click Close


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Facility Modification BPW

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Mode of Claim Submission List

Filter By Filter By Active

Mode of Claim Sub. Method	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/> ▲▼	▲▼	▲▼	▲▼	▲▼	▲▼
<input type="checkbox"/> Billing Agent, Online Direct Data Entry (DDE)	02/21/2020	12/31/2999	In Review	Active	
<input type="checkbox"/> Billing Agent, Online Direct Data Entry (DDE), Paper	11/21/2015	12/31/2999	Approved	Active	

View Page:

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- Notice there are now two rows for Mode of Claim Submission, one that is approved and one that is in review.
- Click Close to return to the Business Process Wizard steps.



NPI:

Name:

Close

Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 6: Additional Information	Required	02/20/2020	12/23/2017	Complete	Updated	
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	02/20/2020	12/02/2015	Complete		
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 14: Fee Payment	Required			Incomplete		Please add Fee Payments.
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/20/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

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First Prev Next Last

- Step 7 is Complete and a Modification Status of Updated as changes were made within this step.
 - Step 8 is optional and becomes required based on the selections made within step 7. If a billing agent is listed as a mode of claim submission, then step 8 will become required.
- Click on Step 8: Associate Billing Agent
- If step 8 is not required, continue to [Step 9: Provider Controlling Interest/Ownership Details](#)

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Close Add

Billing Agent List

Filter By ▾ And Filter By ▾ And Operational Status Active ▾ Go Save Filters My Filters ▾

Billing Agent ID ▲▼	Billing Agent Name ▲▼	Start Date ▲▼	End Date ▲▼	835 Auth. ▲▼	Auth. Start Date ▲▼	Auth. End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
		04/10/2015	12/31/2999	No			Approved	Active	

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- The current billing agent(s) will be displayed.
 - If the information is accurate and no edits need to be made, click Close to be returned to the [Business Process Wizard steps](#).
- To add a billing agent click Add
- To end date an association to a billing agent or remove/add the 835 authorization click the Billing Agent ID hyperlink.
 - Continue to the next slide for further instructions on how to end date a billing agent association

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NPI: Name:

Close Save

Manage Billing Agent Association

Billing Agent ID: Billing Agent Name:

Association Start Date: 04/10/2015 Association End Date: 12/31/2999

Status: Approved

Authorized Transaction Responses

Transaction Response	Authorized	Start Date	End Date
X12 835 - Healthcare Claim Status	<input type="checkbox"/>		

- To end date the association enter an end date.
 - Please note that if there is only one billing agent associated and an end date is entered a new billing agent will need to be associated, based on the information in Step 7 at least one billing agent would need to be associated.
- To add the 835 authorization check the box under Authorized and enter a Start and End date.
 - For further details about Associating to a billing agent or adding the 835 authorization [click here](#)
- Click Save
- Click Close



NPI:

Name:

Close

Add

Billing Agent List

Filter By



And

Filter By



And Operational Status

Active



Go

Save Filters

My Filters ▾

Billing Agent ID ▲▼	Billing Agent Name ▲▼	Start Date ▲▼	End Date ▲▼	835 Auth. ▲▼	Auth. Start Date ▲▼	Auth. End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
<input type="checkbox"/>		04/10/2015	12/31/2999	Yes	02/21/2020	12/31/2999	In Review	Active	
<input type="checkbox"/>		04/10/2015	12/31/2999	No			Approved	Active	

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- There will be an In Review record as edits were made to the existing information.
 - In this example the 835 authorization was added.
- Click Close to be returned to the Business Process Wizard steps.

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Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 6: Additional Information	Required	02/20/2020	12/23/2017	Complete	Updated	
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 10: Taxonomy Details	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 14: Fee Payment	Required			Incomplete		Please add Fee Payments.
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/20/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

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- Step 8 is Complete and a Modification Status of Updated as changes were made within this step.
- Click on Step 9: Provider Controlling Interest/Ownership Details

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Close Actions

Pe Add Owner annual
Import Owner

PROVIDER Owners Relationships CONTROL DISCLOSURES
Provider E Owners Adverse Action
ing home address, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).

REQUIRED DISCLOSURE INFORMATION

Provider (including fiscal agents and managed care entities) are required to disclose the following information on ownership and control during enrollment, revalidation and within 35 days after any change in ownership:

- The name and address of any person (individual or corporation) with ownership or control interest. The address for corporate entities must include, as applicable, primary business address, every business location and P.O. Box address.
- Date of birth and Social Security Number (in the case of an individual).
- Other Tax Identification Number, in the case of corporation, with an ownership or control interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
- Whether the person (individual or corporation) with an ownership or control interest is related to another person with ownership or control interest as a spouse, parent, child or sibling, or whether the person (individual or corporation) with an ownership or control interest of any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child or sibling.
- The name of any other fiscal agent or manage care entity in which an owner has an ownership or control interest in an entity that is reimbursable by Medicaid and/or Medicare.
- The name, address, date of birth and Social Security Number of any managing employee.

REQUIRED OWNERS

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee.
- At least one Board of Director/Officers/Principal is required if one of the ownership types below is selected:

Corporate - Charitable 501(c)3	Sub-contractor	Foreign, Nonresident Alien
Corporate - Non Charitable	Holding Company	Limited Liability Company
Indirect Owner		

Owners List

Filter By And Filter By And Operational Status Active Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date	Adverse Action	Percentage owned	Relationship Status
		Managing Employee		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Corporate - Charitable 501(c)3		04/10/2015	12/31/2999	Approved	Active		No	100	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed

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Add Other Owned Entity List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Filter By And Filter By And Operational Status Active Go Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address	Status	Operational Status	Inactivation Date

No Records Found !

- The current Owner(s) will be displayed. For complete instructions on the Ownership step [click here](#).
 - Review all owners, if no updates need to be made, click Close to be returned to the [Business Process Wizard steps](#).
- To edit owner information select the owner SSN hyperlink.
- To add a new owner, edit relationship information, or complete the Adverse Action, select the option from the Actions dropdown. Please note if any owner information is updated the Adverse Action will need to be completed.
 - Continue to the next slide for further instructions on how to edit current owner information.


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NPI:
Name:

Manage Provider Controlling Interest/Ownership

Type: Managing Employee

SSN: *

Legal Entity Name:
(As shown on the Income Tax Return)

Owner NPI:

First Name: *

Last Name: *

Suffix:

Phone Number: * Extn:

Start Date: 04/10/2015 *

Percentage Owned: 0 *

EIN/TIN:

Entity Business Name:
(Doing Business As)

Middle Initial:

DOB: *

Email:

End Date: 12/31/2999

Please ensure you are providing the home address of this provider. Failure to do so may result in this application/modification being denied.

Address Type: Home Address

Address Line 1: *
(Enter Street Address or PO Box Only)

Address Line 3:

State/Province: ▾ *

Country: UNITED STATES ▾ *

Address Line 2:

City/Town: ▾ *

County: ▾

Zip Code: * -

Status: Approved

- Make any necessary updates. Ensure all fields marked with an asterisk (*) are complete.
 - If the address information is updated the Validate Address will need to be clicked prior to Save.
- Click Save
- Click Close

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NPI: Name:

Close Actions

Per Medicaid Provider Manual

PROVIDER OWNERSHIP AND CONTROL DISCLOSURES

Provider Enrollment Information, including home address, date of birth, and Social Security Number, is required from providers and other disclosed individuals (e.g., owners, managing employees, agents, etc.).

REQUIRED DISCLOSURE INFORMATION

Provider (including fiscal agents and managed care entities) are required to disclose the following information on ownership and control during enrollment, revalidation and within 35 days after any change in ownership:

- The name and address of any person (individual or corporation) with ownership or control interest. The address for corporate entities must include, as applicable, primary business address, every business location and P.O. Box address.
- Date of birth and Social Security Number (in the case of an individual).
- Other Tax Identification Number, in the case of corporation, with an ownership or control interest or of any subcontractor in which the disclosing entity has a five percent or more interest.
- Whether the person (individual or corporation) with an ownership or control interest is related to another person with ownership or control interest as a spouse, parent, child or sibling; or whether the person (individual or corporation) with an ownership or control interest of any subcontractor in which the disclosing entity has a five percent or more interest is related to another person with ownership or control interest as a spouse, parent, child or sibling.
- The name of any other fiscal agent or managed care entity in which an owner has an ownership or control interest in an entity that is reimbursable by Medicaid and/or Medicare.
- The name, address, date of birth and Social Security Number of any managing employee.

REQUIRED OWNERS

- Managing Employee is mandatory for all enrollment types.
- There must be at least one other ownership type in addition to Managing Employee.
- At least one Board of Directors/Officers/Principal is required if one of the ownership types below is selected:

Corporate - Charitable 501(c)3	Sub-contractor	Foreign, Nonresident Alien
Corporate - Non Charitable	Holding Company	Limited Liability Company
Indirect Owner		

Owners List

Filter By And Filter By And Operational Status Active Go Save Filters My Filters

Owner SSN/EIN/TIN	Owner Information	Owner Type	Address	Start Date	End Date	Status	Operational Status	Inactivation Date	Adverse Action	Percentage owned	Relationship Status
		Managing Employee		04/10/2015	02/01/2020	In Review	Active		Not Completed	0	Completed
		Managing Employee		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Corporate - Charitable 501(c)3		04/10/2015	12/31/2999	Approved	Active		No	100	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed
		Board of Directors/Officers/Principles		04/10/2015	12/31/2999	Approved	Active		No	0	Completed

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Add Other Owned Entity

List Ownership Interest in other Entities reimbursable by Medicaid and/or Medicare.

Filter By And Filter By And Operational Status Active Go Save Filters My Filters

Other Owner EIN/TIN	Other Owner Information	Address	Status	Operational Status	Inactivation Date

No Records Found !

- Notice there are now two rows for the selected owner, one that is approved and one that is in review.
 - For complete instructions on the Ownership step [click here](#).
- As owner information was updated the Adverse Action for any owner(s) would also need to be completed
- Click Close to return to the Business Process Wizard steps.



NPI:

Name:

Close

Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 6: Additional Information	Required	02/21/2020	12/23/2017	Complete	Updated	
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 10: Taxonomy Details	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 14: Fee Payment	Required			Incomplete		Please add Fee Payments.
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/21/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

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- Step 9 is Complete and a Modification Status of Updated as changes were made within this step.
- Click on Step 10: Taxonomy Details

NPI: Name:

Close Add

Taxonomy List

Filter By And Filter By And Operational Status Active Go Save Filters My Filters

Taxonomy Code	Description	Start Date	End Date	Status	Operational Status	Inactivation Date
<input type="checkbox"/>						
<input type="checkbox"/>	Critical Access	04/10/2015	12/31/2999	APPROVED	Active	

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- The current Taxonomy(s) will be displayed.
 - If there are no edits that need to be made, click Close to be returned to the [Business Process Wizard steps](#).
- To add a Taxonomy click Add
- To end date the current Taxonomy click the Taxonomy Code hyperlink.
 - Please note that if there is only one taxonomy listed and an end date is entered a new Taxonomy will need to be added.
 - Continue to the next slide for further instructions on how to end date a Taxonomy.



NPI:

Name:

Close

Save




Manage Taxonomy Details

Taxonomy Code:

Location: 01-


Description: Critical Access

Status: Approved

Start Date: 04/10/2015  *

End Date: 12/31/2999 

- Enter an end date
- Click Save
- Click Close


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Name:

Taxonomy List

Filter By And Filter By And Operational Status Active

Taxonomy Code ▲▼	Description ▲▼	Start Date ▲▼	End Date ▲▼	Status ▲▼	Operational Status ▲▼	Inactivation Date ▲▼
<input type="checkbox"/>	Critical Access	04/10/2015	02/21/2020	IN REVIEW	Active	
<input type="checkbox"/>	Critical Access	04/10/2015	12/31/2999	APPROVED	Active	

View Page:

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- Notice there are now two rows for the selected taxonomy, one in review and one that is approved .
- Click Close to be returned to the Business Process Wizard steps.

CHAMPS My Inbox Provider Claims Member PA

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Provider Portal Facility Modification BPW

NPI: Name:

Close Undo Update

Please update all steps to complete your revalidation process


View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 6: Additional Information	Required	02/21/2020	12/23/2017	Complete	Updated	
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 10: Taxonomy Details	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 14: Fee Payment	Required			Incomplete		Please add Fee Payments.
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/21/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

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- Step 10 is Complete and a Modification Status of Updated as changes were made within this step.
- Click on Step 13: 835/ERA Enrollment Form
 - Step 13 is optional and becomes required based on the selections made within step 8. If a billing agent is authorized to receive the 835, then step 13 will become required.

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NPI: Name:

Close Submit Print Help

ERA ENROLLMENT FORM

PROVIDER INFORMATION

Provider Name:

Doing Business As Name (DBA):

Provider Address

Street: State/Province: Zip Code/Postal Code:

City: Country Code:

PROVIDER IDENTIFIERS

Provider Federal Tax Identification Number (TIN) or Employer Identification Number (EIN):

National Provider Identifier (NPI):

Other Identifier(s)

Assigning Authority: Trading Partner ID:

Provider License Details

Provider License No: License Issuer:

Provider Type:

Provider Taxonomy Code:

- Review the information and scroll down to make changes or updates.

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Provider Portal Facility Modification BPW

NPI: Name:

ELECTRONIC REMITTANCE ADVISE INFORMATION

Preference for Aggregation of Remittance Data(e.g., Account Number Linkage to Provider Identifier)

☐ NPI ☒ TAX ID *

MI Medicaid enumerates by Tax ID only

Method of Retrieval: *

ELECTRONIC REMITTANCE ADVISE CLEARINGHOUSE INFORMATION (Not applicable at this time)

ClearingHouse Name:

ClearingHouse Contact Name: Telephone Number:

ClearingHouse Contact Name: Email Address:

ELECTRONIC REMITTANCE ADVISE VENDOR INFORMATION (Not applicable at this time)

Vendor Name:

Vendor Contact: Telephone Number:

Vendor Contact Name: Email Address:

SUBMISSION INFORMATION

Reason for Submission

☐ Cancel Enrollment ☐ Change Enrollment ☒ New Enrollment *

Authorized Signature

Electronic Signature of Person Submitting Enrollment:

☐ Authorization Agreement-By selecting the checkbox above, I hereby agree that I have read and agree to the terms and conditions stated in the Authorization Agreement below.

Authorization Agreement

By signing this request, I am authorizing the Michigan Department Of Health and Human Services to establish an 835/ERA account for the Tax ID listed above and for 835/ERA files to be transmitted electronically to the designated entity.

Written Signature of Person Submitting Enrollment:

Printed Name of Person Submitting Enrollment:

Printed Title of Person Submitting Enrollment:

Submission Date: 02/21/2020

Requested ERA Effective Date:

(Once approve the next paycycle date.)

- Select the method of Retrieval from the dropdown
- And check the box next to Authorization Agreement
- Click Submit
- Click Close when complete

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Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 6: Additional Information	Required	02/21/2020	12/23/2017	Complete	Updated	
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 10: Taxonomy Details	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 14: Fee Payment	Required			Incomplete		Please add Fee Payments.
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/21/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

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- Step 13 is Complete and a Modification Status of Updated as changes were made within this step.
- Click on Step 14: Fee Payment



NPI:

Name:

Close

Add



Manage Fee Payment List

Filter By



And Operational Status

Active



Go

Save Filters

My Filters ▾

Payment Id ▲▼	Payment Reason ▲▼	Payment Amount ▲▼	Fee Option ▲▼	Payment Made To ▲▼	Payment Status ▲▼	Confirmation Number ▲▼	Payment Date ▲▼	Status ▲▼	Operational Status ▲▼
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No Records Found !

- Click Add to enter the Fee Payment information

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https://milogintp.michigan.gov/ - Welcome to MMIS - Internet Explorer

Print Help

NPI: _____ Name: _____

Fee Payment

Location: 01- ▾

Payment Reason: Modification

Options	Description
<input type="radio"/> Pay Fee	Select this option in order to pay fee to Michigan Medicaid. By Clicking the button 'Pay Fee' you will be redirected to our external Payment Gateway, where the Fee can be paid. Once the payment is completed, you will receive an email with your confirmation number.
<input type="radio"/> Fee Paid To Other Program	Select this option if you have already paid the fee to Other State Medicaid or Medicare. Select the program name and date of payment in the section below. If you have a receipt of the payment upload the copy in 'Upload Documents' Step. This is subject to state and federal approval.
<input type="radio"/> Request Hardship Waiver	Select this option to request 'Hardship Waiver' from Provider Enrollment Unit. A 'Hardship Letter' must be written and uploaded in the 'Upload Documents' Step. You can continue submitting the enrolment application / modification request. This is subject to state and federal approval.

Fee Paid To: ▾ (Required if Fee Paid To Other Program)

Payment Date: (Date Paid to Other Program)

Payment Status: _____ Confirmation Number:

☒ Click to Pay Fee ☒ Ok

Page ID: dlgManageFeePayment(Provider)

- Once the Fee Payment method has been selected click 'Click to Pay Fee' or Ok
- For complete instructions on entering the Fee Payment information [click here](#).



NPI:

Name:

Close

Add

Manage Fee Payment List

Filter By ▾

And Operational Status

Active ▾

Go

Save Filters

My Filters ▾

Payment Id ▲▼	Payment Reason ▲▼	Payment Amount ▲▼	Fee Option ▲▼	Payment Made To ▲▼	Payment Status ▲▼	Confirmation Number ▲▼	Payment Date ▲▼	Status ▲▼	Operational Status ▲▼
	Modification				NA		02/05/2020	In Review	Active
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- Once complete click Close

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Provider Portal > Facility Modification BPW

NPI: Name:

Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 6: Additional Information	Required	02/21/2020	12/23/2017	Complete	Updated	
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 10: Taxonomy Details	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 14: Fee Payment	Required	02/21/2020		Complete	Updated	
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/21/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

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- Step 14 is Complete and a Modification Status of Updated as changes were made within this step.
- Click on Step 16: Complete Modification Checklist



NPI:

Name:



Manage Provider Checklist

Question ▲▼	Answer ▲▼	Comments ▲▼
Do you need to request a Retro Enrollment Date? If Yes, enter the requested Retro Enrollment Date in the comment field.	Not Completed ▾	
Do you accept new patients?	Not Completed ▾	
Do you have ownership interest in other entities reimbursable by Medicaid and/or Medicare? If Yes, provide details in "Add Ownership Details" step.	Not Completed ▾	
Have you had any malpractice settlement, judgment, or agreement? If yes, enter dollar amount(s) and date(s).	Not Completed ▾	
Do you wish to end date your enrollment or association? If yes, what date and to which NPI association?	Not Completed ▾	
Do you need eligibility data (via HIPAA 270/271 Batch transaction) for DOS older than 1 year to complete a Medicare DSH audit? Selecting Yes acknowledges that any 270 - eligibility inquiry you submit with a DOS older than 1 year will only be used Medicare DSH validation and for services related to Inpatient Hospital.	Not Completed ▾	
Are you currently excluded from any State Program?	Not Completed ▾	
Are you currently excluded from any Federal Program?	Not Completed ▾	
Have you ever had a criminal or health-related conviction?	Not Completed ▾	
Have you ever had a judgment under any false claims act?	Not Completed ▾	
Have you ever had a program exclusion/debarment?	Not Completed ▾	
Have you ever had a civil monetary penalty?	Not Completed ▾	
All providers are considered for the Beneficiary Monitoring Program. Do you object to this participation?	Not Completed ▾	
If this enrollment is for change of ownership (CHOW) with a new NPI, please enter the old NPI in the comment box	Not Completed ▾	
Are you the Primary Facility who will be reporting on a cost report for facility settlement?	Not Completed ▾	

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- Review each question and select Yes or No from the dropdown.
- Enter comments if necessary or required
- Click Save
- Click Close

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Close Undo Update

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
<input type="checkbox"/> Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
<input type="checkbox"/> Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 6: Additional Information	Required	02/21/2020	12/23/2017	Complete	Updated	
<input type="checkbox"/> Step 7: Mode of Claim Submission/EDI Exchange	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 8: Associate Billing Agent	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 9: Provider Controlling Interest/Ownership Details	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 10: Taxonomy Details	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
<input type="checkbox"/> Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
<input type="checkbox"/> Step 13: 835/ERA Enrollment Form	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 14: Fee Payment	Required	02/21/2020		Complete	Updated	
<input type="checkbox"/> Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
<input type="checkbox"/> Step 16: Complete Modification Checklist	Required	02/21/2020	12/02/2015	Complete	Updated	
<input type="checkbox"/> Step 17: Submit Modification Request for Review	Required	02/21/2020	12/02/2015	Incomplete		Modification Request has not been Submitted.

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- Step 16 is Complete and a Modification Status of Updated as changes were made within this step.
 - Ensure all information has been reviewed for each of the required steps and make sure any updates have been completed.
- Click on Step 17: Submit Modification Request for Review
 (Please Note: If you chose not to complete optional steps you can still submit your revalidation)

You must complete step 17 to submit your revalidation



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NPI:

Name:

Close

Next



Final Submission



NPI:

EnrollmentType: Facility/Agency/Organization (FAO-Hospital, Nursing Facility, Various Entities)

The Information submitted shall be verified and reviewed by the State.

During this time, any changes to the information shall not be accepted.

I agree that the information submitted as a part of the application is correct. (Private and Confidential)



Application Document Checklist



Forms/Documents

Special Instructions


Source

Required



No Records Found !

- Final Submission: Click Next



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Close
Submit for Modification

Final Submission
Medical Assistance Provider Enrollment & Trading Partner Agreement - Conditions

In applying for enrollment as a provider or trading partner in the Medical Assistance Program (and programs for which the Michigan Department Of Health and Human Services (MDHHS) is the fiscal intermediary), I represent and certify as follows:

1. The applicant, and the employer (if applicable), certify that the undersigned has/have the authority to execute this Agreement.
2. Enrollment in the Medical Assistance Program does not guarantee participation in MDHHS managed care programs nor does it replace or negate the contract process between a managed care entity and its providers or subcontractors.
3. All information furnished on this Medical Assistance Provider Enrollment & Trading Partner Agreement form is true and complete.
4. The providers and fiscal agents of ownership and control information agree to provide proper disclosure of provider's owners and other persons criminal related to Medicare, Medicaid or Title XX involvement. [42 CFR 455.100]
5. The applicant and the employer agree to provide proper disclosure of any criminal convictions related to Medicare (Title XVIII), Medicaid (Title XIX), and other State Health Care Programs (Title V, Title XX, and Title XXI) involvement since the inception of Medicare, Medicaid, or Title XX programs. [42 CFR 455.106 and 42 U.S.C. § 1320a-7]
6. Before billing for any medical services I render, I will read the Medicaid Provider Manual from the Michigan Department Of Health and Human Services (MDHHS). I also agree to comply with 1) the terms and conditions of participation noted in the manual, and 2) MDHHS's policies and procedures for the Medical Assistance Program contained in the manual, provider bulletins and other program notifications.
7. I agree to comply with the provisions of 42 CFR 455.104, 42 CFR 455.105, 42 CFR 431.107 and Act No. 280 of the Public Acts of 1939, as amended, which state the conditions and requirements under which participation in the Medical Assistance Program is allowed.
8. I agree to comply with the requirements of Section 6032 of the Deficit Reduction Act of 2005, codified at section 1902 (a)(68) of the Social Security Act which relates to the conditions and requirements of "Employee Education About False Claims Recovery."
9. I agree that, upon request and at a reasonable time and place, I will allow authorized state or federal government agents to inspect, copy, and/or take any records I maintain pertaining to the delivery of goods and services to, or on behalf of, a Medical Assistance Program beneficiary. These records also include any service contract(s) I have with any billing agent/service or service bureau, billing consultant, or other healthcare provider.
10. I agree to include a clause in any contract I enter into which allows authorized state or federal government agents access to the subcontractor's accounting records and other documents needed to verify the nature and extent of costs and services furnished under the contract.
11. I understand that payment for services billed under my National Provider Identifier (NPI) number will be made directly to me, unless Item 20 (below) applies.
12. I am not currently suspended, terminated, or excluded from the Medical Assistance Program by any state or by the U.S. Department of Health and Human Services.
13. I agree to comply with all policies and procedures of the Medical Assistance Program when billing for services rendered. I also agree that disputed claims, including overpayments, may be adjudicated in administrative proceedings convened under Act No. 280 of the Public Acts of 1939, as amended, or in a court of competent jurisdiction. I further agree to reimburse the Medical Assistance Program for all overpayments, and I acknowledge that the Medicaid Audit System, which uses random sampling, is a reliable and acceptable method for determining such overpayments.

- Scroll down the page to review the Provider Enrollment & Trading Partner Agreement-Conditions



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Submit for Modification

EDI service of transaction, in whole or in part, as a result of an act of God, war, civil disturbance, court order, labor dispute, or other cause beyond its reasonable control, including shortages or fluctuations in electrical power, heat, light, or air conditioning. MDHHS's sole liability to the Trading Partner or to any other person or entity in connection with MDHHS's responsibilities under this Agreement shall be to reprocess information supplied by the Trading Partner or duplicate information from a backup supplied by the Trading Partner upon MDHHS's request which shall be the sole remedy against MDHHS for claimed damage or injury of any nature. MDHHS shall not be liable for any indirect, special, or consequential damages arising out of any access, use, or any reliance upon, the EDI services MDHHS provides to the Trading Partner. MDHHS assumes no responsibility for claims preparation, review, information accuracy, pricing, adjudication, payment, adjustment, accounting, reconciliation or any other matter related to the claims transmitted for delivery to other third party payers. The Trading Partner agrees to defend, indemnify, and hold harmless MDHHS, its Trading Partners, officers, agents, employees, assigns and successors from and against any and all claims, losses, and actions, including all costs and reasonable attorney fees, arising out of electronic Transactions the Trading Partner submits to MDHHS.

6. Standard Transactions.
All Standard Transactions, as defined by HIPAA, will be conducted by the parties using only code sets, data elements, and formats specified by the Transaction Rules and instructions in the MDHHS Companion Guides. The parties agree that when conducting Standard Transactions, they will not change the definition, data condition, or use of a data element or segment in a standard, add data elements or segments to the maximum defined data set, use any code or data elements that are either marked "not used" in the standard's implementation specification or are not in the standard's implementation specification(s), or change the meaning or intent of the HIPAA standards implementation specifications.

7. Testing.
All new Trading Partners will cooperate with MDHHS upon request in testing processes prior to submission of production data. Existing Trading Partners will cooperate with MDHHS upon request in testing processes for any changes in submission format prior to submission of production files. MDHHS will notify the Trading Partner of the effective date for production data after successful testing.

8. Data and Network Security.
The parties agree to use reasonable security measures to protect the integrity of data transmitted under this Agreement and to protect this data from unauthorized access. The Trading Partner shall comply with MDHHS data and network security requirements, which may change from time to time and as may be required by the HIPAA security regulations.

9. Automatic Amendment for Regulatory Compliance.
This Agreement will automatically be amended to comply with any final regulation or amendment to a final regulation adopted by the U.S. Department of Health and Human Services concerning the subject matter of this Agreement upon the effective date of the final regulation or amendment.

10. Miscellaneous.
Provisions 3 and 8 shall survive termination of this Agreement.

The Trading Partner will notify MDHHS of any changes in trading partner information supplied including, but not limited to, the name of the service bureau, billing service, recipient of remittance file, or provider code at least 30 calendar days prior to the effective date of such change.

☐

By checking this, I certify that I have read and that I agree and accept the enrollment conditions in the Medical Assistance Provider Enrollment & Trading Partner Agreement.

- Read through the entire list of Provider Enrollment & Trading Partner Agreement-Conditions
- Check the box at the end to agree to the Terms and Conditions
- Click 'Submit for Modification'
 - Once submitted to the State for review, changes cannot be made to the information.

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Provider Portal Facility Modification BPW

NPI: Name:

Close Undo Update

The Modification Request has been submitted for State review. Return to here to track the status of your request. x

Please update all steps to complete your revalidation process

View/Update Provider Data - FAO

Business Process Wizard - Provider Data Modification (FAO).

Step	Required	Last Modification Date	Last Review Date	Status	Modification Status	Step Remark
Step 1: Provider Basic Information	Required	12/02/2015	12/02/2015	Complete		
Step 2: Locations	Required	02/19/2020	12/02/2015	Complete	In Review	
Step 3: Specialties	Required	02/20/2020	12/02/2015	Complete	In Review	
Step 4: Associate Billing Provider/Other Associations	Optional			Incomplete		
Step 5: License/Certification/Other	Required	02/20/2020	12/02/2015	Complete	In Review	
Step 6: Additional Information	Required	02/21/2020	12/23/2017	Complete	In Review	
Step 7: Mode of Claim Submission/EDI Exchange	Required	02/21/2020	12/02/2015	Complete	In Review	
Step 8: Associate Billing Agent	Required	02/21/2020	12/02/2015	Complete	In Review	
Step 9: Provider Controlling Interest/Ownership Details	Required	02/21/2020	12/02/2015	Complete	In Review	
Step 10: Taxonomy Details	Required	02/21/2020	12/02/2015	Complete	In Review	
Step 11: Associate MCO Plan	Optional	12/02/2015	12/02/2015	Complete		
Step 12: View Servicing Provider Details	Optional	12/02/2015	12/02/2015	Incomplete		
Step 13: 835/ERA Enrollment Form	Required	02/21/2020	12/02/2015	Complete	In Review	
Step 14: Fee Payment	Required	02/21/2020		Complete	In Review	
Step 15: Upload Documents	Optional	12/23/2017	12/23/2017	Complete		
Step 16: Complete Modification Checklist	Required	02/21/2020	12/02/2015	Complete	In Review	
Step 17: Submit Modification Request for Review	Required	02/21/2020	12/02/2015	Complete		

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- Step 17 is now complete, and the revalidation has been submitted to the State for review.
- Click Close
 - (Please Note: Optional steps may show as incomplete if you chose not to complete. This is ok.)

Provider Enrollment Resources

- **Provider Enrollment website:** www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/provider-enrollment
- **SIGMA:**
 - New Facility/Agency/Organization (FAO) Providers must register with SIGMA as Vendors
 - Please visit: Michigan.gov/SIGMAVSS
- **Trainings:**
 - CHAMPS Enrollment Application: FAO User Guide - [PDF](#)
 - Domain Administrator Functions -[PDF](#)
 - Fee Payment - [PDF](#)
 - Track Application – [PDF](#)
- **Forms:**
 - Electronic Signature Agreement Cover Sheet ([MDHHS-5405](#))
 - Electronic Signature Agreement ([DCH-1401](#))
- **Provider Enrollment:**
 - 1-800-292-2550
 - ProviderEnrollment@Michigan.gov
 - ProviderSupport@Michigan.gov